

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

						SERIAL NO. <i>09/025,690</i>	FILING DATE
APPLICANT(S)							
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/	/			
2		/		/			
3		/		/			
4		/		/			
5		/					
6	/						
7	/						
8	/						
9	/						
10							
11		10					
12		10					
13		10					
14		10					
15		10					
16		10					
17		10					
18			1				
19			1				
20			1				
21			1				
22			1				
23		1					
24		1					
25		1					
26		1					
27			5				
28			9				
29			9				
30			9				
31			9				
32			9				
33			9				
34				5			
35				9			
36				9			
37				9			
38				9			
39				9			
40				9			
41				9			
42				9			
43				9			
44				9			
45				9			
46				9			
47				9			
48				9			
49				9			
50				9			
TOTAL IND.	60		5				
TOTAL DEP.	74	←	63	←			↓
TOTAL CLAIMS	80	██████████	68	██████████			██████████
TOTAL IND.					↓		
TOTAL DEP.					↓		
TOTAL CLAIMS		██████████		██████████			██████████

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS